

Consent form for HPV vaccination

(To be filled and signed by Parents / Guardians)

School Name _____

Town/City _____ District _____

Student's Name _____

Class _____ Section _____

Declaration by the parents/ Guardian

I, _____ (Father/Mother/Guardian), have been informed by the school about the HPV vaccination campaign being carried out under the direction of the Health Department and Government of Jharkhand.

I understand that this vaccine is recommended to protect against cervical cancer and related diseases.

Yes, I give consent for my daughter _____ to receive the HPV vaccine.

No, I do not give consent for my daughter _____ to receive the HPV vaccine. I take full responsibility for this decision.

Parent / Guardian Signature: _____

Date: _____